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Village or City Ken a beake let (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OR RACE SINGLE, MARRIEO, Maurice WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH / LOCK 23, 1915 (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH (Month) (Day) (Year)	that I last saw h alive on 2000 701 1915
7 AGE 46 yrs. 6 mos. 16 ds. OR min.?	and that death occurred on the date stated above, at 630 cm. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Many fand	Contributory (Secondary) (Quration) yrs. mos. ds. Contributory (Secondary) (Duration) yts. mos. ds.
OF STATE (State or country) 12 MAIDEN NAME 10 NAME OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) (Si
of MOTHER mary S dens 13 BIRTHPLACE OF MOTHER (State or country) mary fand.	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds
(Informant) Jans albort arm huster. (Address) Ches a peake Cely, had	Where was disease contracted, If not at place of death? Former or usual residence
Filed 3/25, 1915 STRAWTELLE REGISTRAR	1 Dethel Comely, May March 26, 1915 20 UNDERTAKER ADDRESS John Chupfer. Lesopeche C.C.
If more blanks are needed, address State Regis trar, 6	Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should he used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., ness of various pursuits can be known. The question tion is very important, so that the relative dealthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Lahorer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, pertionaeum, etc... Carcin-

childlifth or miscarriage, as "Purrerral scotichacctc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla "Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for cause. mus," "Old Age," "Shock." "Collapse." "Coma," "Convulsions." "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. oma. Sarcoma. etc., of ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart failure," "Haemorrhage," "Inanition." "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent Always qualify all diseases resulting from "Senile." etc.), (Recommendations on statement of may he stated under the head "Dropsy," "Exhaustion," 'l'raemia," "Weakness," (name origin; "Can death), 29 ds.: Examples: 01



4 UNFADING INK-THIS IS PLAINLY, WITH

PHYSICIANS should of OCCUPATION IS RECORD of information should be carefully supplied. AGE should be stated EXACTLY. I DEATH in plain terms, so that it may be properly classified. Exact statement See instructions on back of certificate. PERMANENT Every Item of information should be CAUSE OF DEATH in plain terms, s WRITE important.

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1 PLACE OF DEATH	The state of the s
County Excile	AHH
Village or City York East	- ()
Vinage of City My	TB !!

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 94

St :.. .Ward) [If death occurred la

FULL NAME GEORGE J Bouch	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Holor or RACE 5 SINGLE, Married WIDOWED, ORDIVORCED (Write the word)	(Month) (Month) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE 1866 1	that I last saw h. A. alive on
(a) Trade, profession, or particular kind of work Suganter (b) General nature of industry, business, or establishment in which employed (or employer)	Closer of Structure from Septierbia (Buralien) yrs. 3 mos. ds.
10 NAME OF FATHER SAAC Bouchelle 11 BIRTHPLACE OF FATHER (State or country) Cscil County 12 (State or country) Cscil County 12 Maiden Name OF MOTHER OF MOTHER	(Signed) (Buration) yrs mos ds. (Signed) , M. D. *State the Disease Causing Death, or, in deaths from Violent
13 BIRTHPLACE OF MOTHER (State or country) Cecil Country	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted,
(Informant) Mrs Josephum Bouchille	If not al place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled March 6, 1915 Vs aich Briddle Soul REGISTRAR	North Cost corneting March 7, 1915- 20 UNDERTAGER MORESS H.M. Pierres Worth Cost 12d

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is neewho have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (irocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mitl; (a) Salesman, (h) it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freeman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-Never retnrn "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

naturtar heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canaffection need not be stated unless nant neoplasms); Mcastes; Whooping cough; Chronic such, if impossible to determine definitely. Examples: mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "lleart failure," "Haemorrhage," "Inaultion," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asinjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-Bronchopucumonia (secondary), 10 ds. ture of the Americau Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for mallg-Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," (Recommendations on statement of etc.), "Dropsy," "Exhaustion," important. Ex-Never report



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WRITE PLAINLY, CAUSE OF I

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. 1 PLACE OF DEATH becil



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Viltage or City Commings (No. (No. 2)	St.; Ward) [it death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
TAGE TAGE	that I last saw had alive on the date stated above, at 2 A.m.
yrs	The CAUSE OF DEATH* was as follows: La Infife (Duration) yrs mas 7 ds. Contributory Secondary Contributory (Duration) yrs mos 7 ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) MURICIPAL (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos. ds. State yrs, mos. ds.
(Interment) (Address)	Where was disease contracted, formed all her lope at I former or usual residence. The groot Cocal Co and. 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER 20 UNDERTAKER 20 UNDERTAKER Colora Md.

1f more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the housebold only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer statement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) **Jyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF "HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puebperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Sbock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; natural acart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of "Exhaustion," For Vio-



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OCCUPATION PHYSICIANS RECORD statement ERMANENT stated Exa classified. pe should S properly 12 AG INK supplied. pe UNFADING may certificate. that It 0 50 pe back plain terms. pinous 0 instructions Information 2 EATH WRITE See 00 Item OF Every Item CAUSE OF Important.

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30 U STATE OF MARYLAND LACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in -Ward) a hospital or Institution. give its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above t day hrs. The CAUSE OF DEATH* was as follows: mos... OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country 10 NAME OF ARENTS 11 BIRTHPLACE . 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death ____ yrs. ___ mos. ___ State _____ yrs. ___ mos. __ ds. Where was disease contracted. 14 THE ABOVE IS If not af place of death? Former or usual residence DATE OF BURIAL 16 , 191,

> REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid disease). Bronchopneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puemeral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canwhich surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; "Exhaustion,"



STATE OF MARYLAND PLACE OF DEATH Very state CERTIFICATE OF DEATH should OCCUPATION 15 Registration Dist. No... PHYSICIANS If death occurred in Ward) a hospital or institution, RECORD give its NAME Instead of street and number.] statement STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX DATE OF DEATH MARRIED. WIDOWED, BINDING ORDIVORCED (Month) (Day (Write the word) OF BIRTH classified. pe (Day (Year) TAGE If LESS than TO C 1 day, hrs. was as follows: -min. ? properly (a) Trade, profession, or 0 INK particular kind of work supplied. pe (b) General nature of industry, ESERV UNFADING business, or establishment in that It may I which employed (or omployer) 9 BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER 0 0 ō MARGIN terms, on back ARENTS 11 BIRTHPLACE OFFATHER (State or country *State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME EATH in plain e instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE PL At place In the OF MOTHER of death yrs. mos. ds. (State or country) State Where was disease contracted, See If not at place of death? ۵ Former or OF usual residence. mportant. Ш DATE OF BURIAL Every 15 00 REGISTRAR z If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND CERTIFICATE OF DEATH

County Occ	
, 0'.	Registration Dist, No.
Village or City Mcchardemere (No. , -	St.; Ward) [If death occurred is a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
inale while Single, While While ORDIVORCED (Write the word)	16 DATE OF DEATH MAX 8 ,1915 (Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	191, to
(Month) (Day (Year)	that I last aaw h kang allroon Mar 8 ,1915
⁷ AGE If LESS than	7 31 V
yrs mos, ds. or min.?	and that death occurred on the date stated above, at 7.30 cm. The CAUSE OF, DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
- Aichardamere Md	
10 NAME OF PACE (BY MANY)	(Signed) Led W. Lillespie M. D.
OF FATHER OF FATHER	mar 9, 191 S. (Address) Nowlandville mo
OF FATHER (State or country) Law caster 60 Ta	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Lyles Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, or Recent Residents) At place In the of death yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs John & Trag	Former or usual residence
(Address) Romlandsville Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16	al home Mar 10, 1915
Fled Meh. 10 mil STC Causes all	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting N. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the honsehold only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursnits ean be known. The question been changed or given up on account of the disease gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, c. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," naqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and eonsequences (e.g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaecte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease cansing death), 29 ds.; affection need not be stated unless important. natural heart disease; Chronic interstitial nephritis, mant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, cte., of (name origin; "Canscpsis, tctanus) may be stated nuder the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) eanse of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



No. 1.

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ACE should be stated EXACTLY. PHYSICIANS should state roperly classified. Exact statement of OCCUPATION is very RECORD PERMANENT of Information should be carefully supplied. ACE should be si DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK-THIS IS PLAINLY, WITH WRITE CAUSE OF Important. S PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Ragistration Dist. No

.Ward)

If death occurred is a hospital or institutioa, give its NAME Instead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	ale While String G Wildowson, ORDIVORGED (Write the word)	(Month) (Itay (Year)
	E OF BIRTH Autenown, 1846 (Month) (Day (Year)	that I last saw h in alive on Mar 19, 1915
7 AGE	If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
(a) Tr	rade, profession, or cular kind of work	apoplety
busine	eneral nature of industry, ess, or establishment in employed (or employer)	(Duration) yrs mos ds.
9 BIR	THPLACE State or country) May land	Contributory Secondary (Duration) yrs mos ds
	O NAME OF RAST Cantivell	(Signed) Mh Clive, M. D.
EN	1 BIRTHPLACE OF FATHER (State or country) Many Carel 2 MAIDEN NAME 2 O	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicipal.
0.	3 BIRTHPLACE OF MOTHER MANY E MONTH CRUED (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death VIS. Mas. de. State

(Address) ...

REGISTRAR

Former or

usual residence

____ yrs. ____ mos. ____ ds.

20 UNDERTAKER

Where was disease contracted. If not at place of death?

> DATE OF BURIAL ., 191*5*...

ADDRESS

State __

If myre blanks are needed, address State Registrar, 6 E. Frankfin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary fremun, etc. But h many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "I'UERPERAL peritonitis," childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," cant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; terminal conditions, such as "Asetc. State cause for



state Very CERTIFICATE OF DEATH 103 County pinoda OCCUPATION Registration Dist. No. PHYSICIANS If death occurred in St.;.....Ward) RECORD a hospital or institution. give its NAME instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. BINDING WIDOWED, (Month) (Dav ORDIVORCED (Year) (Write the word) I HEREBY CERTIFY. That I attended deceased from OF BIRTH classified. (Month (Day (Year) 7 AGE It LESS than 0 and that death occurred on the date stated above, at 3,15 0, m. THIS t day, hrs. The CAUSE OF DEATH * was as follows: proper BOCCUPATION (a) Trade, profession, or ۵ NA particular kind of work pe (b) General nature of industry, business, or establishment in UNFADING may which employed (or employer) L certificate. Contributory ... BIRTHPLACE 0) Secondary (State or country) Ouration 10 NAME OF FATHER 80 0 ARGIN WITH terms, ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT 6 Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death _____ yrs. ____ mos. ____ ds. x (State or country State EAT Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?.. 0 Former or item OF usuai residence. mportant. ы PLACE OF BURJAL OR REMOVAL DATE OF BURIAL Every 15 narch 20 ADDRESS 8 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerreral septichae ctc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. talvular heart disease; Chronic interstitial nephrilis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "l'uerperal peritonitis," etc. State cause. "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the "Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligletanus) may be stated under the head Always qualify all diseases resulting from Mousics "Senile," (Recommendations on statement of (disease causing death), 29 ds.; etc.), "Convulsions," "Debility" ("Con-"Dropsy," "Exhaustion," Never report cause for



pinous OCCUPATION IS Registration Dist. No... PHYSICIANS If death occurred in St.:....Ward) RECORD a hospital or institution. give its NAME instead of street and number.] Jo statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. BINDING WIDOWED. (Month) ORDIVORCED Day (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE classified. 4 (Month) (Day (Year) S 7 AGE T if LESS than and that death occurred on the date stated above, at 00 THIS 1 day hrs. AGE sho OR min. ? 8 OCCUPATION O (a) Trade, profession, or INK particular kind of work. Ш supplied. pe (b) General nature of industry, ESERV UNFADING business, or establishment in may (Duration) which employed (or employer) certificate. 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER 80 of ARGIN WITH back terms. S 11 BIRTHPLACE PARENT pinoy OF FATHER (State or country *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-Uo 12 MAIDEN NAME plain TAL, SUICIDAL, OF HOMICIDAL. Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. DEATH mos. State Where was disease contracted, 99 if not at place of death? of W Former or Item P-0 usual residence. important. M 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 No. 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

Very

STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborerstatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. Scrvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," -Coul

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphthevia (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

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V. S. No. 1.

A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE-OF DEATH	STATE OF MARYLAND
Broll 3	CERTIFICATE OF DEATH
County A.	Registration Dist. No
Village or City 950 Strate Constitution of Strategic Constitution of St	St.; Ward) [If death occurred in a hospital or institution, ever its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED, ORDINORCED (Write the world)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended declared from
DATE OF BIRTH MOUNT 19-, 1955 (Month) (Day), (Year)	that I last saw lave on 191
TAGE TELL PITH 1 day, hrs. yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) General nature of industry,	Lovey III 2 api
business, or establishment in which employed (or employer)	(Buration)mosds
State or country Oce el Connel.	Contributory Secondary
10 NAME OF CLUY H. Elevente	(Signed) (Suration) yrs mos ds
OF FATHER (State or couptry) COLONIA CO. PG. 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) auchton's Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds
(Informant) CLASS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Port Defabet hed.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mes Areumes Mes 17 181
Flied Meet. 17 1914 N. R. Barnesal	20 UNDERTAKER ADDRESS
REGISTRAR If more blanks are needed, address State Regis	be Eleviale potology, ned

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freeman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indl-Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberenciesis of lungs, meninges, peritonacum, etc., Carcin-

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Co	PLACE OF DEATH ounty Cecil	CERTIFICATE OF DEATH Registration Dist. No.
Vil	lage or City Mear Cahert (No	St.; Ward) [It deeth occur a hospitel or instigue its NAME is of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	MARRIEO, Marriea Wipoweb, ORDIVORCEO (Write the word) ATE OF BIRTH ATE OF BIRTH ATE OF BIRTH	16 DATE OF DEATH 2 (Month) (Day (Y) 17 I HEREBY CERTIFY, That I attended deceased 7 12 22 (1915), to branch 2 (1915), that I last saw home alive on I have by 2 (1915).
7 A	GE (Month) (Day (Year) If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3. F. The CAUSE OF DEATH* was as follows:
(b) bus whi	reticuler kind of work General nature of Industry, siness, or establishment in ich empleyed (or employer) IRTHPLACE (State or country) Loancaster Co, Pe	(Buration) 2 yrs mos Secondary Drights diver (Buration) yrs mos mos
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) Locarcaster leo. Parte Above is true to the best of My knowledge (Informant)	At place In the ot death yrs mos ds. State yrs mos thou at place ot death yrs mos ds. State yrs mos thou at place of death? trought former or usual residence trought former or trought former or trought for trought former or trought for
	(Address) Zattananam Pal	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stalionary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Lacomotive engineer, first line will be sufficient. e. g., Parmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Collon mill; (a) Salcsman, return "Laborer," As examples: "Foreman," (7)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," ulvular heart disease; Chronic interstitial nephritis, ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreeral perilouitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae CHUSE. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) telanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations ou statement of (disease causing death), 29 ds.; "Convulsions," "Debility" ("Con-



MARGIN

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City resupent g(No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred la a hospital or institution, give its NAME instead of street and nombor.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whee Single, Married, Wioowed, ORDIVORCEO (Write the word)	18 DATE OF DEATH Mah 19 4 , 1915 (Month) (Day (Year)
8 DATE OF BIRTH	mod 19 men 19
fune 5 , 1860 (Month) (Day (Year)	that I last saw h alive on Man 19 1915
FATHER Social Stands of S	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows: Stracture of death occul Verletory Out I was also follows: Contributory Secondary (Duration) yrs mos ds. (Signed) United Courses of the part of the course o
OF FATHER (State or country) may land 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) May land 13 BIRTHPLACE OF MOTHER (State or country) May land	*State the Disease Causing State, or, yn deaths from violent Causes, state (1) Means of Injury; and (2) whether Accidental, Schopper, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place lo the of deathyrs,mos,ds
(Informant) Mes The Best of My knowledge (Address) The Jayre (Address) Ales a feule Ly 16 Filed 3-19-, 191/8 D S. Sawfalle REGISTRAR	Where was disease contracted, If not at place of dealh? Former or Usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PRACE 22, 1915 20 UNDERTAKER ADDRESS Likesafeak lig

[Approved by U. S. Census and American Public Health Association.]

dutles of the household only (not paid Housekeepers statement. should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," engineer, (6)

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred ia St .: Ward) a hospital or institution, give its NAME tostead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. (Month) ORDIVORCED (Write the word) CERTIFY. That I attended deceased from 6 DATE OF BIRTH Month) (Day 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory. Secondary (State or country) (Durati 10 NAME OF FATHER (Signed) 11 BIRTHPLACE 4,1919 (Kddress) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER of death. State _____ yrs. _ (State or country _____ yrs. ____ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO If not at place of death?.. Former or usual residence BURIAL OR DATE OF BURIAL

(Year)

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Consus and American Public Health Association.]

mine, etc. Women at home, who are engaged in the cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. who have no occupation whatever, write Nonc. causing death, state occupation at beginning of illbeen elanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," If the occupation has As examples: "Foreman," (4)

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. If death occurred in ..Ward) a hospital or institution, give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED, ORDIVORCED Widowe (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH Man (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR mln. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE . 191.5.. (Address) 4.000 Candvell OF FATHER AREN. (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death (State or country) State ____ yrs. _____ yrs. mos. Where was disease contracted. If not at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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PINO N Registration Dist. No. CCUPATION If death occurred in Ward) a hospital or institution. RECORD give its NAME instead land Surgson of street and number.] ŏ PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 6 SINGLE. 18 DATE OF DEATH 4 COLOR OR RACE MARRIED. BINDING WIDOWED. ORDIVORCED Write the word) I HEREBY CERTIFY, That I attended deceased from 1915 to classified. that I last saw hum alive on Meh -(Day 7 AGE It LESS than and that death occurred on the date stated above at 1030 1 day,hrs. THIS The CAUSE OF DEATH * was as follows: proper BOCCUPATION (a) Trade, protession, or INK particular kind of work (b) General nature of industry. ESERV UNFADING business, or establishment in may which employed (or employer) certificate. BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER (Signed) SO Jo WITH ARGIN back 11 BIRTHPLACE ARENT termi OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, piain instructions OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) _ 13 BIRTHPLACE At place d in the OF MOTHER of death _____ yrs. ____ mos. ___ ds. I State yrs. ____ mos. EAT Where was disease contracted. See it not at place of death? Q Former or OF item usuai residence mportani Ш DATE OF BURIAL Every 15 œ. REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

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STATE OF MARYLAND

CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-('ivil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: The

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should be taken to report specifically the occupations cated this: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer statement. additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is ucc-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various parsuits can be known. The question (a) Spinner, Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthink Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salesman, "Laborer," "Foreman," (4)

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ture of the American Mcdical Association.) cause of death approved by Committee ou Nomencla-"Coutributory." injnry, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF HIS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichucetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ctc. The contributory (secondary or intercurrent) natural acart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cantetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of



V. S. No. 1.

N. B.-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Cou	PLACE OF DEATH unty Cacil lage or City New Coullons. 2FULL NAME MARY (D.)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emalo White Single, Madow Wilowed, Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from the company of the
	(Month) (Day (Year)	that I last saw have allve on meh 25th 19N3.
⁷ A C	6 4 yrs 11 mos 2 5 ds. or min.?	and that death occurred on the date stated above, at 3, 3e P.m. The CAUSE OF DEATH* was as follows:
(a) par (b) busi which	OCCUPATION Trade, profession, or ricicular kind of work Deneral nature of industry, liness, or establishment in chemployed (or employer) RTHPLACE (State or country)	(Duration) yrs. mos. ds Contributory Pulsonon Dedeum
	10 NAME OF Benjamin J. Halls	(Signed) M. D
ENTS	11 BIRTHPLACE OF FATHER (State or country) Delanace	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PAR	13 BIRTHPLACE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) Al place in the
14 _T	OF MOTHER (State or country) A Cart-rice THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Hessey	of death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, If not at place of death? Former or usual residence
16	(Address) ecclion md ed Mary 1915 J. H. Claek. REGISTRAR 11 more blanks are needed, address State Registrations.	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL RESILEVE CALLES APDRESS APDRESS Craf, 6 E. Franklin St., Bullon, Removating V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. eated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestie service for wages, as gainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write Nonc. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," (4)

Statement of cause of death—Name. first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid disease). Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," childbirth or misearriage as "Tuerperal septichac-Cause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Hanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Aseffection need not be stated unless important. calcular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for mall; oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accietc., when a defiuite disease eau be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for "Exhaustion," For VIO-



Very state CERTIFICATE OF DEATH 19 pinods OCCUPATION Registration Dist. No. fif death occurred la PHYSICIANS St .:--Ward) a hospital or institutioe, RECORD give its NAME Instead of street and number.] 10 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH statemen PERMANENT EXACTLY 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, BINDING (Month) (Day (Year) Valle ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from Exaci tated 6 DATE OF BIRTH Untersour classifled. pe (Mouth) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 8 should 1 day,hrs. THIS The CAUSE OF DEATH* was as follows: OR min. ? mos ... properly AGE BOCCUPATION (a) Trade, profession, or 日日 Housewife INK particular kind of work. supplied. be (b) General nature of industry. O business, or establishment in (Duration) may ADIN which employed (or employer) certificate. Contributory 9 BIRTHPLACE Secondary carefully (State or country) that (Duration) 10 NAME OF 80 Jo MARGIN pe terms. Man 20, 1915 (Address) 11 BIRTHPLACE ARENT should OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME plain instructions OF MOTHER information Q. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) = 13 BIRTHPLACE At place in the Eulanon-OF MOTHER S. yrs. / mos. 21 of Inform DEATH State (State or country Where was disease contracted See Former or OF Item usual residence mportant. Ш DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS τi 80 moundy. If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." schsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERFERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ralvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BUKKATA V. S.

V. S. No. 1.

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should state of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should a DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE CAUSE OF I

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1 PLACE OF DEATH Cecil



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:----Ward)

Ilt death occurred in a hospital or institution, give its NAME instead ot street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
March 14, 1915	that I last saw h Len alive on Man 5, 1915.
7 AGE If LESS than 1 dayhrs. ORmin.?	and that death occurred on the date stated above, at 15 m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Stellen & Calarrh &
which employed (or employer) **BIRTHPLACE* (State or country) Leccil Lev M. A.	Gontributory Chroine Rephritis Secondary (Duration) yrs 8 mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State of country) lecil les of the country of the c	(Signed) Level Gelleppie, M. D. Man 14, 191 5. (Address) Advandable *State the Disease Causing Death, or, in deaths from Violent
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)	CAUSES, State (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot deathyrs,mos,ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermed) SO St. Satt	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Survey of 16 Filed Mah, 11, 1915 NFP, Carling of REGISTRAR	Betherde Cemely DATE OF BURIAL Betherde Cemely Marks 17th, 1915 20 UNDERTAKER ADDRESS Colora Md
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None, cated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutles of the household only (not paid Housekeepers minc, etc. Women at home, who are eugaged in the "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing defection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," . Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, ctc., of..... (name origin; "Can-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of State cause for For vio-



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1 PLACE OF DEATH 3535 STATE OF MARYLAND state Very CERTIFICATE OF DEATH si NOI County OCCUPATION Registration Dist. No PHYSICIANS 50 statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 16 DATE OF DEATH COLOR OR RACE MARRIED. WIDOWED. ORDIVORCED (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from stated ruch 6 DATE OF BIRTH man classified. micas that I last saw h Lu pe (Month (Day (Year) 7 AGE If LESS than D and that death occurred on the data stated above, at t day hrs. OR min. ? properly 6 OCCUPATION 0 (a) Trade, profession, or particular kind of work pe supplied (b) General nature of Industry. business, or establishment in that It may certificate. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 0 0 back terms. ARENTS 11 BIRTHPLACE should OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LO 12 MAIDEN NAME ATH in plain OF MOTHER Information 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country EATH ot death _____ yrs. ____ mos. ____ ds. State _____ yrs, ___ Where was disease contracted. KNOWLEDGE See If not at place of death? 10 0 Former or FO Item Important. usual residence. Every Its 19 PLACE OF BURLAL OR REMOVAL 15 OUNDERTAKER 10 REGISTRAR ż

If more blauks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

Ilt death occurred la a hospital or lostitution. give its NAME Instead ot street and number.]

(Dav

DATE OF BURIAL

ADDRESS

1915

(Year)

[Approved by U. S. Census and American Public Health Association.]

cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. been changed or given up on account of the disease material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; who have no occupation whatever, write Nonc. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, very important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, tetanus)
"Contributory." injury, as fracture of skull, and consequences (e. g., Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) by earbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915 BUREAU, V. S.

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BNIGNIE TOT CHARLES TO BUSINE	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. P. CAUSE OF DEATH in plain terms, so that it may be groperly classified. Exact statement of important See instructions on hack of capitalisms.
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	1 PLACE OF DEATH	STATE OF MARYLAND
	Ceris	CERTIFICATE OF DEATH
Co	ounty	Registration Dist. No. 95
Vii	Hage or City Prong Sun (No Mrs.)	St.; Ward) [If death occu a hospital or inst give its NAME of street and nur
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	BEX 4 COLOR OR RACE MARRIEO, Z	16 DATE OF DEATH 3.14 29
P	Wale White (Write the word)	(Month) (Day (Y
6 D	PATE OF BIRTH	HEREBY CERTIFY, That I attended decease HEREBY CERTIFY, That I attended decease
the same	(Month) (Day (Year)	that I last saw here alive on March 29142
TA	If LESS the	and that doubled oil the data stated above, at
	yrs to mos ds. OR min. ?	I THE CAUSE OF DEATH × Was as follows:
	OCCUPATION	Lagrons Trouville Low
(a	a) I rade, projession, or	Premisone OT FOH
pa	a) Trade, profession, or articular kind of work.	Lange Toff
(b) bus	articular kind of work	Couration) yrs mos /
(b) bus whi	articular kind of work) General nature of industry, siness, or establishment in hich employed (or employer)	Contributory Hearlifailing
(b) bus whi	articular kind of work	Gontributory Heart failures Secondary
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pa bus	articular kind of work () General nature of industry, siness, or establishment in hich employed (or employer) DIRTHPLACE (State or country) 10 NAME OF FATHER Larriel Lar	Contributory Head failure Secondary (Buration) yrs moss (Signed) Lepyges S Rage
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: causing death, state occupation at beginning of illbeen changed or given np on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carein-

advular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerieral peritonitis," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injnry, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; etc. State cause for "Exhanstion,"



N. B.

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PLACE OF DEATH	STATE OF MARYLAND
County Cerel	CERTIFICATE OF DEATH
B '2 - 1	Registration Dist. No.
Village or City Con Hoper (No	St.; Ward) [If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUDDWED, MUDDWED, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
Seful Chay (Year)	March 13, 191/1- to march 13, 191 (that I last saw himalive on much 13, 191 5
If LESS than 1 day,hrs. OR min.? OR occupation (a) Trade, profession, or particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at 4130 fm The CAUSE OF DEATH* was as follows:
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Eulongement J
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State of country) 12 MAIBEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	At place in the
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) (Address) (Address) (Address)	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Musah 16, 1915 M. Bacusas Registrar If more blanks are needed, address State Regis	West hotting hum Conclete Mus 16., 191.5. 20 UNDERTAKER West hotting hum Conclete Mus 191.5. ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman," The

Statement of cause of death—Name, first, the Insease causing death if the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head of "Contributory:" (Recommendations on statement of such, if impossible to determine definitely. Examples: mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacuia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or misearringe as "Puerpenal septichueetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. calcular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canwhich surgical operation was undertaken. For vio-Bronchopneumonia (seeondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease eansing death), 29 ds.; "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 6 1915

BURLLAU, V.S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

I OLL MAINE	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH MON 3/ 1915 (Year)
6 DATE OF BIRTH Jan 20 1332 (Month) (Day (Year)	17 I hereby Certify, That I attended deceased from MCN 20", 1915, to McN 3/54, 1915, that I last saw h 100 alive on MCN 30, 1915
7 AGE 8 3 yrs mos ds. OR min. ?	and that death occurred on the date stated above, at 5 30 00 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	June Green Martin
business, or establishment in which amployed (or amployer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Mary lanes	Contributory Secondary (Duration) yrs mos 1s.
10 NAME OF FATHER FROM E Clayton	(Signed) Horace Severe , N. D.
of Father (State or country) Mary land	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother Sarah Lawrenson	18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS TRANSPORT
13 BIRTHPLACE OF MOTHER (State or country) Many Cared	At place of deathyrs mos ds. Stateyrs mos ds
(Informant) The Secret Secret (Informant)	Where was disease contracted, If not at place of death?————————————————————————————————————
(Address) Ellitoro Med	Dethel Cerulay Of BURIAL OF BURIAL
modhal & mich hand bases	20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care dutics of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal statement. causing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the klnd of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puerperal septichacnant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," 'Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anacmia" (mcrely symptomatie), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malls: The contributory tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion," For vio-



state blucks sylver RECORD PHYSICI statement PERSONAL AND S' PERMANENT EXACTLY. 5 SINGLE, MARRIEO. BINDING WIDOWED, ORDIVORCED (Il'rite the word) stated E 6 DATE OF BIRTH classified. pe (Year) W TAGE AGE should properly class If LESS than 1 day hrs. SOCCUPATION (a) Trade, profession, or RESERVED INK particular kind of work. e carefully supplied.
so that it may be
of certificate. (b) General nature of industry, UNFADING business, or establishment in which employed (or employer) 9 B RTHPLACE (State or country) 10 NAME OF MARGIN HIM pe in plain terms, uctions on back ARENTS should OF FATHER 12 MAIDEN NAME AINLY of information si F DEATH in plain See instructions o 0. 13 BIRTHPLACE OF MOTHER (State or country WRITE 14 THE ABOVE IS CAUSE OF 15 50 80 REGISTRAR ż

PLACE OF DEATH

Court was

If more blanks are needed, address State Registrar, 6 E. Franklin t., Balto., Requesting V. S. No. 1.

3553 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

....Ward)

if death occurred in a hospital or institution, give its NAME Instead of street and number. I

MEDICAL	CERTIFICATE	OF DEATH

DATE OF DEATH
(Month) (1) y (Year)
17 HEREBY CERTIFY, The attended deceased from
Mur, 1, 1915, to Mar 12 1915
hat I last saw h allve on Mar 12,1915
/ 0
and that death occurred on the date stated above, at
he CAUSE OF DEATH* was as follows;
Many la Com
waying for corder
(Duration)
(Duration)yrsmosds.
Secondary
(Diration) yra mes ds.
Signed) Imp (Callety
Signeo) , M. D.
, 191 (Address) 2006
*State the DISEASE CAUSING DEATH, or, in deaths from Violent
CAUSES, State (1) MEANS OF INJURY; and (2) whether Accounts.
TAL, SUICIDAL, OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place In the
of death yrs mos ds. State yrs mos ds
Where was disease contracted,
If not at place of death?
Former or
usual residence
PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

ADDRESS

[Approved by U. S. Consus and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same aecepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. mia," "Pueereral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Iuanition," "Marasgenital," "Seulle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. calcular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; For vio-



1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH PS OCCUPATION Registration Dist. No. lif death accurred in Ward) a hospital or institution. give its NAME Instead of street and number.] t statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF PERMANENT 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED BINDING Write the word) CER hat I attended deceased E OF BIRTH classified. 4 (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at T 1 day hrs. OR 7 properly BOCCUPATION (a) Trade, profession, or 0 NX particular kind of work. SERVE (b) General nature of Industry. UNFADING business, or establishment in which employed (or employer certificate. 9 BIRTHPLACE Contributory Secondary (State or country) Ш (Duration œ 10 NAME OF FATHER (Signed jo ARGIN WITH terms. ARENTS 11 BIRTHPLACE (Address) Should OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT UO CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER pial BEENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 2 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death ____ yrs. ___ mas. ___ ds. State yrs, _ EAT Where was disease contracted. See It not at place of death? 50 Q Former or OF Item mportant. usual residence ш DATE OF BURIAL Every 15 ADDRESS 0 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

daties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civit engineer, Stalionary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Corchrospinat fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitiat nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canaffection need not be stated nnless important. sepsis, telanus) may be stated under the head of injnry, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERVERAL peritonitis," childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. thre of the American Medical Association.) canse of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway trainwhich surgical operation was undertaken. is less definite; avoid use of "Inmor" for malig-The contributory (secondary or intercurrent) Measles "Senile," (Recommendations on statement of (disease eansing death), 29 ds.; etc.), "Dropsy," etc. State canse for "Exhanstion," Never report For Vio-



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-Every Item of information should be carefully supplied.	CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important, See Instructions on back of certificate.
N. BEvery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in piain terms, so that it may be p	Important. See Instructions on back of certificate.

VIIIage or City Mar Creiltro (No.	St.; Ward) St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORGED (Write the word) 6 DATE OF BIRTH (Month) (Pay Fear)	16 DATE OF DEATH 2, .20, ,1916 (Month) (Day (Year) 17 I hEREBY CERTIFY, That I attended deceased from
7 AGE tf LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at 5 Am, The CAUSE OF DEATH * was as follows: Membranous Cosef
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos / 4s. Contributory Secondary
10 NAME OF FATHER Johns J. Manlove 11 BIRTHPLACE OF FATHER (State or country) and Co. My 12 MAIDEN NAME OF MOTHER B. Daly B. Baile	(Signed)
12 MAIDEN NAME OF MOTHER BULLAN B Bailey 13 BIRTHPLACE OF MOTHER (State or country) Toll Co. Mother (State or country) Toll Co. Mother Mother (State or country) Toll Co. Mother	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot deathyrs,mos, ds. Stateyrs,mos, ds Where was disease contracted,
(Informant) Homer S. Manlost.	It not at place of death? Former or usual residence.
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers minic, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and equation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup":) 'Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

injnry, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," childbirth or miscarriage as "Puerreral septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of 'Inmor" for mally thre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the geuital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nnless important. nalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, cte., of...... (name origin; "Cau-The contributory (secondary or interenrent) totanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease cansing death), 29 ds.; cte. State cause for "Exhanstlon," For VIO-



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PHYSICIANS should of OCCUPATION IS RECORD may be properly classifled. Exact statement PERMANENT AGE should be stated EXACTLY. UNFADING INK-THIS IS A carefully supplied. DEATH in plain terms, so that it m See instructions on back of certificate. WRITE PLAINLY, WITH Every Item of Information should be CAUSE OF DEATH in plain terms, s Important.

state Very Gity Cell Nich (No. PARTICULA)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

Mud

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Anale color or race 5 single, MARRIED, WIOOWED, OROIVORCEO (Write the word)	16 DATE OF DEATH Met 3, 1915 (Month) (Day (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	meh-1-, 1915, to meh-1-, 1915, that I last saw him alive on meh-1-, 1915
AGE If LESS than	and that death occurred on the date stated above, at
1 day,hrs.	The CAUSE OF DEATH* was as follows:
OCCUPATION	
(a) Trade, profession, or	Grancho- Incumonie
particular kind of work	90
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 7 ds.
(State or country) Elk Nech	Gontributôry Secondary
10 NAME OF John Maker	(Signed) (Duration) yrs mos ds.
OF FATHER (State or country) Colh Nech O. A	Meh 3, 1915, (Address) Nath East, Md
(State or country) Com Neek and 12 MAIDEN NAME OF MOTHER Smalley Hyland	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER SML	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the
(State or country) LOUIS Week mit	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(interment) John Maker	Former or
(Address) North Cast W 31 5 No 3	Usual residence
(AUDIESS)	sent marks Ell North march 4- 1015
March 5 th and 43'1/10	20 UNDERTAKER ADDRESS
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day taborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocory; (a) Foreman, (b) Automobite factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mitl; (a) Satesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman," The

Statement of cause of death—Name, first, the disease eausing death (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," nuqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mms," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopmeumonia (secondary), 10 ds. Never report ample: ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Semile," (Recommendations on statement of etc.), "Dropsy," "Exhaustiou,"



on Z YSICIANS sho RECORD statement PERSONAL AND STATISTICAL PARTICULARS PERMANENT 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED, BINDING (Month) ORDIVORCED Write the word) OF BIRTH ssified. (Month (Day (Year) TAGE If LESS than 0 T cia f dayhrs. THE OR min. ? 4 > properi 8 OCCUPATION O (a) Trade, profession, or INK particular kind of work supplied. 00 (b) General nature of industry, ERV ADING business, or establishment in may which employed (or employer) -----9 BIRTHPLACE ESI certifica (State or country) that Tho Lood for 10 10 NAME OF FATHER (Signed 80 0 ARGIN WITH back S terms, 11 BIRTHPLACE Z OFFATHER (State or country) ARE Instructions on plain 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 0 OR RECENT RESIDENTS) Informati 13 BIRTHPLACE _ At place OF MOTHER of death yrs. mos. ds. (State or country) AT Where was disease contracted, WRITE 14 THE ABOVE IS TRUE TO THE ы Sec If not at place of death? 50 0 Former or 10 item usual residence mportant. Every it 19 PLACE OF BURIAL OR REMOVAL 15 UNDERTAKER 60

REGISTRAR

1 PLACE OF DEATH

Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

.....Ward)

Ilf death occurred in a hospital or Institution. give its NAME Instead of streef and number.]

MEDICAL CERTIFICATE OF DEATH (Day (Year) I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at 12-30-4 m because our lemic affective all glands neck of outomaxillaris a lander (Duration) 2 yrs 2 mos Contributory Centralion from Sach of rubration *State the DISEASE CAUSING DEATH, or. in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether Acciden-

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

In the State yrs, ____ ds

DATE OF BURIAL

ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated this: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day tabarer, Farm laborer, Laborer-'Manager," "Dealer," etc., without more precise specistatement: material worked on may form part of the second (1) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons (b) Cotton mitt; (a) Salesman, return "Laborer," As examples: "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcinetaus of lungs, peritonacum, etc., Carcinetaus of

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "Publiceral perilonitis," etc. State cause for childbirth or miscarriage as "Puerferal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease eausing death), 29 ds.; ratvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can "Contributory." scusis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convilsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or interenrent) is less definite; avoid use of "Inmor" for malig-Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of For Vio



Vil	age or City Pising Sur, (No Carylan 2FULL NAME Anna Eliza	J. Re.
	PERSONAL AND STATISTICAL PARTICULARS	MED
35	WIDOWED WINDOWS	16 DATE OF DEATH
6 D	wale White (Write the word) THE OF BIRTH March 26, 830	aprile 1 HE
	(Month) (Day (Year)	that I last saw h. 2
7 A	If LESS than 1 day,hrs.	The CAUSE OF DE
(a)	Trade, protession, or thouse wife	Malo
bus	General nature of Industry, ness, or establishment in the employed (or employer)	
9 B	RTHPLACE (State or country) Warankand	Secondary
	FATHER Joseph Coulton	(Signed)
	11 BIRTHPLACE OF FATHER	, 191
ENTS	(State or country) Waryland	State the Dise
	12 MAIDEN NAME OF MOTHER Sanof aung Grego	TAL, SUICIDAL, or
ARENT	(State or country) 12 MAIDEN NAME	TAL, SUICIDAL. or
PARENT	12 MAIDEN NAME OF MOTHER Sand Ruse Gregg	TAL, SUICIDAL, OT 18 LENGTH OF RES OR RECENT RESIO

STATE OF MARYLAND CERTIFICATE OF DEATH

3644

Registration Dist. No. [If death occurred in St.;.....Ward) a hospital or institution, give its NAME Instead ot street and number.]

DATE OF BURIAL

ADDRESS

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March Got	, 191.5
(Month) / (Day	(Year)
17 I HEREBY CERTIFY, That I attended de	ceased from
aprile 1913 to heard 90%.	, 1915
that I last saw h 2 - alive on March 985-	,1915
and that death occurred on the date stated above, at	1.30 am
Stereotes Fo Milral	
Contributory # 2 a () Suffice Secondary Charles (Buration) yrs 6	mos ds
Coursing asflux (Duration) yrs 6	mosds.
(Signed) Thos. Isant.	, M. D.
-3/118t , 1915 (Address) Bishing Se	mod
*State the Disease Causing Death, or, in deaths f Causes, state (1) Means of Injury; and (2) wheth tal, Suicidal, or Homicidal.	rom VIOLENT
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs,	

PLACE OF BURIAL OR REMOVAL

20 ON DERTAKER

If more blauks are needed, address State Registrar, 6 E. Franklin St., Falto., Requesting V. S. No. 1.

No. 02

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Cure Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tlon is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Forcman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid dise of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," childbirth or misearriage as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertalued as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (nucrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcasics affection need not be stated unless important. calvular heart disease; Chronic interstitial nephritis. nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (uame origiu; "Canlnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less defiulte; avoid use of "Tumor" for mails-The contributory tctanus) may be stated under the head of "Scnile," etc.), "Dropsy," (Recommendations on statement of (disease causing dcath), 29 ds.; (secondary or intercurrent) etc. State cause for "Exhaustion," For vio

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

APR 6 1915
BUREAU, V.S.

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should is OCCUPATION PHYSICIANS RECORD O statement ENT RMAN Exact PE classified. pe pinous properly fa1 AG Z supplied. be O may certificate. that 20 0 be back terms. pinous 00 Instructions plal nformation E ATH 0 A Every Item CAUSE OF Important.

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County Registration Dist. No. If death occurred in St.;....Ward) a hospital or institution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR QR RACE DATE OF DEATH MARRIED. WIDOWED, (Month) ORDIVORCED (Day (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at, 1 day hrs. OR min. ? ds. BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. PARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER ot death _____ yrs. ____ mos. ___ ds. (State or country) State _____ yrs. ____ mos. _ Where was disease contracted. 14 THE ABOVE IS TRUE TO THE It not at place of death?. Former or usual residence DATE OF BURIAL (Address) 15 20 UNDERTA ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yes.) For persons CAUSING DEATH, state ocenpation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (irocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman," (4)

Statement of cause of death—Name, first, the nisease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucasis of lungs, meninges, peritonaeum, etc., Carcin-

natural neart disease; Chronic interstitial nophritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Coutributory." injnry, as fracture of skull, and cousequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State eanse for childbirth or misearriage as "Puerferal septichaeetc., when a definite disease can be ascertained as the mns," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Conun," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (seeondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant ncoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The uature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) is less defiuite; avoid use of "Inmor" for maligtctanus) may be stated under the head Always qualify all diseases resulting from "Senile," ete.), "Dropsy," "Exhaustion," (Recommendations on statement of



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored (Write the word)	16 DATE OF DEATH MANCH (Month) (Day (Year) 17 / Lifereby Certify, That I attended deceased from
May 12, 1903 (Month) (Day (Cear)	that I last saw has alive on March 7, 1919
7 AGE Page If LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, at m. The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or school girl particular kind of work	Luberulor menengilio
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. / mas. ds.
State or country) out Defwel hid	Secondary (Ouration) yrs mos 3 ds.
ON 11 BIRTHPLACE	(Signed) Thieland, M. D. Much 9. 1916 (Address) Port Caparl
OFFATHER (State or country) Cecil Co hid	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. ds. Stale yrs. mos. ds. Where was disease contracted, If not at place of death?
(Informant) Haymah Scott	Former or usual residence
(Address) fort Deficiel hid	Bethel Comelery March 191.5
Filed March 11, 1915 St. Carrier REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. additional line is provided for the latter statement; material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., mia," "Puerreral peritonitis," etc. State cause for ture of the American Medical Association. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puemperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatic), "Atrophy," nalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds., "Scuile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For Vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

APR 6 1915

BUREAU, V.S.

should PHYSICIANS shou statement PERMANENT EXACTLY. BINDING Exact classified. 4 4 à ס properly ۵ ~ INK Ы supplied. pe SERV UNFADING may certificate carefully of that it Œ 80 0 ARGIN WITH pe terms. pino 00 EATH in plain e instructions WRITE See PE DE Important. Every

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in Ward) a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIEO. WICOWEO, ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. Sfafe _ ... Yrs. _ MOS. ... Where was disease contracted. If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V/S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," If the occupation has "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

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	1 PLACE OF DEATH County Coul	STATE OF MARYLAND CERTIFICATE OF DEATH		
	Village or City Elleh (No. Clare) 2FULL NAME Mosella	Registration Dist. No. 22 [If death occurred in a hospital or Institution, give its NAME instead of street and nomber.]		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCEO (Write the word)	15 DATE OF DEATH (Month) (Month) (Day (Year) 17) 1 heresy certify, That I attended deceased from		
	July 22, 1900 Monthly (Day (Year)	that I last saw here allve on Much 23, 1915.		
	1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 12 mm. The CAUSE OF DEATH* was as follows:		
	a) Trade, profession, or particular kind of work. (b) General nature of industry,	Mestinal Charlicetin		
	business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Sam Hell Mad	Contributory Intestinal Contributory		
	10 NAME OF FATHER Millard Tughn	(Signed) (Si		
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.		
	of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Office of Mother Office	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds.		
1	(Informant). Rot 2	Where was disease contracted, hem hemark Del from or death? Former or usual residence. The hemark Del.		
-	(Address) 3 herach sel	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS		
	FORMER 2411 1915 Jetramy Tronger REGISTRAR	R. J. Jones Muvar Del trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Furm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necbeen changed or given up on account of the nisease Norvant, Cook, Housemaid, etc. If the occupation has Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing nearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerchrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pnenmonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meminges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclaschsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal canse. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgeuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. rateular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Seuile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of septichac-For V10-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

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SICI			(-d. 1.	RI	mein			give its NAME Instead of street and number.]
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Y.		PERSO	NAL AND STATIST	CAL PARTICULA	IRS		MEDICAL CERTIFICA	ATE OF	DEATH
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e st.			Month) (Day	, # / (Year)	that I last say	w h lt_alive on	ne	eich 20 1915
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ż			If more blanks	are needed, addre	REGISTRAR	trar. 6 E. Frank	din St. Balto Requestir	nor V S	Va I

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fieation as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neeapplies to each and every person, irrespective of age. who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, (b) return "Laborer," As examples: "Foreman,"

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genital," nant neoplasms); Measles; Whooping cough; Chronic calvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Coutributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Tuerreral peritonitis," etc. State cause for childbirth or miscarriage as "I'uerperal septichaecause. Always qualify all diseases resulting from ete., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haeworrhage," "Inanitiou," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discuse causing affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Scnile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 ds.;



S. No. 1.

'n z

RECORD

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very PERMANENT UNFADING INK-THIS IS See Instructions on back of certificate. PLAINLY, WITH WRITE CAUSE OF Important. S 1 PLACE OF DEATH

County Civil

Warrie WA.



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward)

[if death occurred in a hospital or Institution, give its NAME Instead of street and number.]

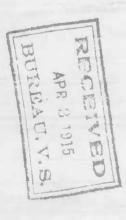
PERSO	NAL AND STATISTICA	L PARTICULARS	MEDICA	AL CERTIFICATE	OF DEATH		
J. Linela	11.	SINGLE, MARRIED, WIDOWED, ORDINARGED	16 DATE OF DEATH	Mur (Month)	// , 1915 (Day (Year)		
Lucios	120	(Write the word)	17 I HERE		t I attended deceased from		
6 DATE OF BIRT	7.	0	-	, 191 to	, 191,		
	Month)	23 , 190 (Day Year	that I last saw h.				
TAGE		If LESS 1	han and that death occurred	d on the date state	ed above, atm		
,,,,,,	14 yrs // mo	s. 12 ds. 1 day,	hrs. The CAUSE OF DEATH	i* was as follows:			
BOCCUPATION	1			0 /	A		
(a) Trade, profession particular kind of w	ork denne	1	Justen	a upes	W. J. A. C.		
(b) General nature					=00 = 0 = 0 Marketon a second a constant a c		
business, or estab				(Duration)	yrsdsds.		
which employed (or BIRTHPLACE	cmpruysr)		Contributory A	1. 4. 1	Essedentel 1		
(State or cou	ntry) Maryl	and .	Secondary		Trammate		
10 NAME OF		rus		(Signed) (Duration) yrs mos ds.			
FATHER	1:11/2 /1- 1	117.	(Signed)				
ທ 11 BIRTHPL	min n	nus	404	Colli	ton My E		
OF FATI	HER TALL	usland		, 191 (Address) (Q. L. Co. C. M. L. C.			
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHERS			CAUSES, State (1) MI	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.			
0	many fires	u follo	18 LENGTH OF RESIDE	NCE (FOR HOSPITAL	S, INSTITUTIONS, TRANSIENTS.		
13 BIRTHPL OF MOTI (State o		~!	AT place	In the			
14 THE ABOVE IS	TRUE TO THE BEST	MY KNOWLEDGE	Where was disease contracted	d,			
1	11/2 1 7106	77	If not at place of death?				
(Intormant)	unung was	Maga	usual residence		7444 6 Mar Marine Carr page 4 Andrée (1900 1900 1900 1900 1900 1900 1900 190		
(Addrage)	Warnich.	242	19 PLACE OF BURIAL	OR REMOVAL	DATE OF BURIAL		
16		7 7 0	Cecilton	M I	1915		
Filed 3 - //	1915 Powel	Ti felius	20 UNDERTAKER	1	ADDRESS		
	diputy	Lobber REGISTRAR	andreu	4 Green	Middle Ines		
4	If more blanks are	needed, address State I	Registrar, 6 E. Franklin St., Ba	ilo., Requesting V.	S. No. 1.		

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," cugineer, (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuherculcists of lungs, meninges, peritonaeum, etc., Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e.g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Tuerreral septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Huanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. calcular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viois less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Every item of information should be carefully supplied, CAUSE OF DEATH in plain terms, so that it may be

Important.

B.

should state

PHYSICIANS

AGE should be stated EXACTLY.

RECORD

V. S. No. 1.

1 PLACE OF DEATH DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

3611 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

If death occurred la a hospital or institution give Its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fluide White (Write the word)	16 DATE OF DEATH 3 2 , 1915 (Month) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from for 3 fram, 191 to 3 fram, 1918. that I last saw here alive on 3 fram 9 1918
TAGE If LESS than 1 day,hrs. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Duration . about 3 from suice of forest's notices . It
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Aunels Turnels	Contributory Secondary (Duration) yrs mos ds (Signed) 3 Steet M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Interment) W. B. Corney (Address) Rising Sund mich	Former or USUAI residence
Filed 191 3 BEGISTRAR	20 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as dication as Day laborer, Farm laborer, Laborer-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children not duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease Servanl, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as statement. material worked on may form part of the second Grocery; (a) Poreman, (b) Automobile factory. The (a) Spinner, (b) Colton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomolive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (relired 6 yrs.) For persons As examples: "Foreman," -Coal (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ever-brespinal meningitis"); Diphtheria (avoid use of "Croup":) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," angualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

genital? "Senite," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasnant neoplasms); Measles; Whooping cough; Chronic mia," "PURRIERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symp@matic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. ralvular hearl disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the deal; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Contributory." The contributory (secondary or intercurrent) is less definite; avoid use of "Inmor" for maligtetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease eausing death), 29 ds.; For vio-



V. S. No. 1.

N.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. RECORD A PERMANENT UNFADING INK-THIS IS PLAINLY, WITH Every item of information CAUSE OF DEATH In pial WRITE important.

Village or Gity Credton (No.



_St.;___Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
GOLOR OR RACE SEX GOLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH 8 25 , 183 ((Month) (Day (Year)) 7 AGE If LESS than 1 day,hrs. ORmin.? 6 OCCUPATION (a) Trade, profession, or particular kind of work	16 DATE OF OEATH 3. 20, 1915 (Mouth) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 3. 19. 1915, to 3. 19. 1915, that I last saw h. 21. alive on 3. 19. 1915, and that death occurred on the date stated above, at 1. m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 11 DIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Duration) yrs mas ds. Contributory age wash bearf Secondary (Duration) yrs mos ds. (Signed) Secondary , M. J. 3.22 ,1915 (Address) Leading mad *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental and Causes, State (1) Means of Injury; and (2) whether Accidental and Causes, State (1) Means of Injury; and (2) whether Accidental and Causes, State (1) Means of Injury; and (2) whether Accidental and Causes, Suicipal, or Howicipal.
of Mother Furrella Gunch 13 BIRTHPLACE OF MOTHER (State or country Mercon) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Cacal ton 15 Filed 15 Filed 11 Filed 12 Filed 13 Filed 15 Filed 15 Filed 15 Filed 16 Filed 17 Filed 17 Filed 18 Filed 18 Filed 18 Filed 18 Filed 18 Filed 19 Fil	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos. ds. State yrs, mos. ds Where was disease contracted, it not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Paler Mark Crue Date of Burial ROUNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care statement. Never return "Laborer," who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the As examples: "Foreman," The (4)

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